



TEAM ROSTER AND WAIVER FORM

TEAM NAME		COACH/PRIMARY TEAM CONTACT NAME	
TEAM GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE/GRADE	CONTACT PHONE	CONTACT EMAIL

Waiver, Trademark and Management: *Each participant and their legal guardian* if the player is under the age of 18 must read, agree, and sign the Waiver Form. Participation in this event and its related activities contain risks. By signing this Waiver Form, I release and discharge **S.A. Factory of Champions**, event sponsors, event organizers, and **S.A. Factory of Champions** workers, employees and directors from any claims, demands, and causes of action arising from my child's participation in their events and related activities. I fully understand that the participation in **S.A. Factory of Champions** Events and Programs contain a risk and that **S.A. Factory of Champions** (its employees, agents, directors, and owners) are not responsible for any lost or stolen articles of clothing or personal property. Player eligibility for NCAA, collegiate sports and school district may vary. Event organizers are not responsible for determining each player's eligibility. Contact your coach or athletic director and ask how your eligibility would be affected, if at all, before registering for this event.

	PLAYER NAME	BIRTH DATE	PARENT/GUARDIAN SIGNATURE	CONTACT PHONE	CONTACT E-MAIL*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

AS COACH/TEAM REPRESENTATIVE, I CERTIFY THAT THE INFORMATION WITHIN IS CORRECT TO THE BEST OF MY KNOWLEDGE.

PRINTED NAME: _____ SIGNATURE: _____ DATE: _____

** We don't sell, rent, or willingly distribute your e-mail information to third parties. Ever. For more information, please see our privacy policy at*

<http://factoryofchampions.com/security-privacy-and-refund-policy>.

